FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in	full) (Check if name Example: If typying, type over the lines	12FE4M5
CON-WAY INC	POLITICAL ACTION COMMITTEE	
ADDRESS (number and	2211 Old Earhart Road street)	
(Check if address	Suite 100	
X is changed)	Ann Arbor	MI 48105 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	mullett.randy@con-way.com	
(Check if addres is changed)  2. DATE  M 0 5	M / D D / Y Y Y	
3. FEC IDENTIFICA	ATION NUMBER C C00110759	
4. IS THIS STATEM	MENT NEW (N) OR X AMENDED (A)	
I certify that I have exam  Type or Print Name of	ined this Statement and to the best of my knowledge and belief it is true, correct and treasurer  Michael J. Morris	
Signature of Treasure	Electronically Filed by Michael J. Morris	Date 05 / 04 / 2011
NOTE: Submission of fa	alse, erroneous, or incomplete information may subject the person signing this State	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	